



DEPARTMENT OF CONSERVATION
STATE OF CALIFORNIA

Dear Program Operator:

Re: 2006 Individual Commingled Rate Survey (ICRS) Application Package

Enclosed is a copy of the Application Package for the annual ICRS. This package will guide you through the steps necessary to complete the application and successfully perform the 2006 ICRS.

Program operators may conduct the ICRS for one or more of the primary material types that have an existing statewide commingled rate. Statewide average commingled percentages provided in Table 1 became effective January 1, 2004. Statewide commingled rates for 2005 will not be available until January 1, 2005.

Table 1
2004 Statewide Average Commingled Percentages (by weight)

<u>Program Type</u>	<u>Aluminum</u>	<u>Glass</u>	<u>PETE</u>	<u>HDPE</u>
Curbside	96.0%	52.4%	74.6%	24.3%
Dropoff or Collection	97.6%	47.6%	77.6%	21.6%
Community Service	99.2%	57.3%	79.1%	24.3%

Each unique program requires a separate application with the exception of curbside programs. An operator may conduct one ICRS for multiple curbside programs if all of the participating curbside programs deliver their material exclusively to that operator at a single location.

Submit the completed application to the Department of Conservation no later than **September 1, 2004** at the following address:

CA Department of Conservation
Division of Recycling
Market Research Branch
801 K Street, MS 17-24, Attn: Ralph Taylor
Sacramento, CA 95814

If you have any questions regarding the individual commingled rate survey, please call me at (916) 327-3044.

Sincerely,

Ralph Taylor
Individual Commingled Rate
Survey Coordinator

DIVISION OF
RECYCLING

■ ■ ■

801 K STREET
MS 17-24
SACRAMENTO
CALIFORNIA
95814

PHONE
916/323-5778

FAX
916/445-0645

INTERNET
conservation.ca.gov

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SCHWARTZNEGGER
GOVERNOR

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Individual Commingled Rate Survey Application Package



**Department of Conservation
Division of Recycling
Market Research Branch
801 "K" Street, MS 17-24
Sacramento, CA 95814
(916) 323-5778**

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I. Background

The California Beverage Container Recycling Program (Program) allows consumers to return beer, soda, water and other beverage containers made of aluminum, glass, plastic, and bimetal to recycling centers where they receive the CA Refund Value (CRV).

Loads containing both CRV containers and Non-CRV containers (excluding line breakage, rejected and out-of-state containers) can be redeemed by weight without sorting. This is called a commingled load. Payment of CRV is based on a statewide average ratio of CRV container weight to the weight of all containers (excluding line breakage, rejected and out-of-state containers), known as the ***commingled rate***.

The California Beverage Container Recycling and Litter Reduction Act, Public Resources Code, Division 12.1, Chapter 6, Section 14573.51(b) states that “The Department shall establish a procedure whereby the operators of curbside programs may apply for an individual commingled rate.”

Title 14, California Code of Regulations, Subchapter 7, Article 3, Subsections 2620-2645; Subchapter 8, Article 2, Subsections 2660-2685; and Subchapter 9, Article 3, Subsections 2720-2745 provide dropoff or collection, curbside and community service programs with the option of conducting an Individual Commingled Rate Survey to determine a rate solely for their program(s).

II. Statewide Commingled Rates vs. Individual Commingled Rates

Statewide Commingled Rates

- Allow loads containing both CRV and Non-CRV containers to be redeemed by weight without sorting.
- Are based on the Department of Conservation's estimated statewide average ratio of CRV container weight to the weight of all containers (excluding line breakage, out-of-state and rejected containers).
- Are established for specific program and material types.
- Allow programs that have not received an individual commingled rate to be paid CRV on commingled loads based on the current statewide average commingled rates.

Individual Commingled Rates

- Allow program operators to obtain Department approval, in advance, to conduct an Individual Commingled Rate Survey (Survey) using either the Department's individual commingled rate methodology or an alternative survey methodology to determine a commingled rate(s) unique to their program. Alternative methodologies must be approved by the Department in advance.

- Allow programs the option of conducting a Survey for one or more primary material-types which have an existing statewide commingled rate.
- Provides that program operators who have completed a Survey will receive either an approved individual commingled rate or the published statewide average rate, whichever is greater.
- Provides that any program that has acquired an individual commingled rate will not participate in the statewide commingled rate surveys while their individual commingled rate is in effect.
- Once approved, individual commingled rates are effective for one year, January 1 through December 31 of the following year.

III. Steps in Conducting an Individual Commingled Rate Survey

1. Obtain and submit an Application Page for a Survey to the Department of Conservation's Division of Recycling (Division).
2. If you wish to use an alternate methodology, submit a written detailed methodology along with the Application Page for Division approval.
3. Await response from the Department for approval of application. If not notified by the beginning of the Survey Period the operator should contact a division representative at (916) 323-5778.
4. Conduct the survey for the entire Survey Period of twelve months from October through September.
5. At the completion of the Survey, the Department determines the individual commingled rates by averaging the daily commingled rates from survey data.

IV. Alternate Methodology

If your operation is such that it cannot conform to the survey methodology in the Application Package, or you prefer to use a different methodology, you may submit a request to perform an alternative methodology. The alternative methodology must equal the Division's methodology in the accuracy of estimation and level of confidence in the estimation. The alternative methodology must be described in adequate detail to determine the accuracy of estimation and level of confidence in the estimation.

V. Survey and Daily Sample Size Determination

The required number of containers to survey over the Survey Period is based on the chart below:

Annual Survey Sample Size	
Aluminum	6600
Glass	4500
Plastic (all resins)	3000

A program shall calculate the daily sample by dividing the annual survey sample size, specified in the chart above, by the total number of days the survey will be conducted during the entire annual survey, as indicated in the chart below. Once the daily sample size is determined for each material type, this will remain the daily sample size throughout the entire annual survey period for that material type.

	(a)	(b)		(c)	(d)
Material Type	Survey Sample Size	Number of Days in your Workweek	Total Survey Weeks	Total Survey Days	Daily Sample Size (a)÷(c)=(d)
Aluminum	6600	4	6	24	275
Glass	4500	4	6	24	188
Plastic (All Resins)	3000	4	6	24	125
Aluminum	6600	5	6	30	220
Glass	4500	5	6	30	150
Plastic (All Resins)	3000	5	6	30	100
Aluminum	6600	6	6	36	184
Glass	4500	6	6	36	125
Plastic (All Resins)	3000	6	6	36	84
Aluminum	6600	7	6	42	157
Glass	4500	7	6	42	108
Plastic (All Resins)	3000	7	6	42	72

VI. Selecting Sample Weeks

Surveys must be conducted for one regular workweek of each sample period. Surveys shall not be performed in weeks with holidays or other days the program is not in operation. The sample weeks should be distributed as evenly throughout the Survey Period as possible. The time of survey sample and analysis should be a specific time after the survey materials have been collected and delivered to the Survey Location indicated on the Application Page.

Example of Selecting Weeks to Survey

ABC Curbside Recycling operates on Monday through Friday of each week of the year, excluding some holidays. To fulfill the Survey requirements sampling must be conducted for one regular workweek of each sample period, **excluding weeks** with holidays or other days the program is not in operation.

ABC Recycling trucks deliver to a centralized location between 8:00 and 9:00 a.m. each day, and therefore, the program operator decides to conduct the sampling at 9:00 a.m. at that location. The following is an example of a timeline ABC Recycling developed to indicate the weeks and times that sampling would be conducted. Note that the sampling weeks have been scheduled evenly throughout the Survey Period.

Sampling Period	Sampling Weeks	Days	Time
October/November	Oct. – 2 nd Week	Monday – Friday	9:00 a.m.
December/January	Dec. – 2 nd Week	Monday – Friday	9:00 a.m.
February/March	Feb. – 2 nd Week	Monday – Friday	9:00 a.m.
April/May	April – 2 nd Week	Monday – Friday	9:00 a.m.
June/July	June – 2 nd Week	Monday – Friday	9:00 a.m.
August/September	Aug. – 2 nd Week	Monday – Friday	9:00 a.m.

VII. Survey Methodology

Overview

A Survey is required for each material type for which you wish to obtain an individual commingled rate including aluminum, glass and plastic. Individual commingled rates may be approved for one or more material-types which have an existing statewide commingled rate.

The Survey shall be conducted over the Survey Period beginning in October based on the survey sample and daily sample submitted on the Application Page and approved by the Division.

Survey Team Responsibilities

A designated and consistent survey team of two people is recommended. The Survey team is responsible for the following:

1. Confirming that all necessary supplies are available and in working order including the accuracy of the scale.¹

¹ Weight shall be measured, recorded and reported in pounds and fractions thereof. All weighing in this state shall be done on a scale or other device approved, tested and sealed in accordance with Division 5 of the Business and Professions Code (Weights and Measures) and any applicable regulations thereunder.

2. Performing the Survey sampling by collecting containers at the appropriate date, time and place as indicated on the Individual Commingled Rate Application (ICRS-APP(07/00)).
3. Performing sample analysis of counting, sorting and weighing containers.
4. Recording data legibly on data collection sheets.
5. Ensuring accuracy and completeness of the data collected and recorded. Making sure that all data collection sheets have been verified and all sections are complete, accurate, and meet the minimum daily sample size to be surveyed as indicated on the Application Page.

Determination of CRV and Non-CRV Containers During Survey

Survey only bottles, jars, containers, cans and other items of each material type (aluminum, glass and plastic) that you normally include in loads you sell or transfer for CRV payment, excluding line breakage, out-of-state and rejected containers. **DO NOT INCLUDE PARTIAL OR BROKEN CONTAINERS.**

Aluminum:

Include all drink and beverage containers. Do not include such items as pet and other food containers, aluminum foil and dinner trays unless they are sold with used drink and beverage containers. A magnet should be used to distinguish aluminum containers from bimetal and steel containers.

Glass:

Nearly all container glass should be included in the survey. However, **DO NOT** include items such as pharmaceutical glass which contained hazardous waste or is unlabeled, lab glass (e.g. beakers and test tubes), Visionware (similar to Corningware but clear glass), plate glass, decorative glass (e.g. candles), bulbs, mirrors, porcelain, pottery or ceramics (e.g. coffee mugs and dinner plates).

Plastic (Resins #1 - #7, if applicable):

Survey all plastic containers that you normally include in loads for sale or transfer for an individual resin type. A separate study is conducted for each resin type approved for an ICRS. For all individual commingled rates, the containers surveyed must have the appropriate resin label on the container. For example, when surveying PET plastic, #1 resin, all containers must have the number "1" inside a three-sided triangular arrow on the container. If there are particular types of plastic containers excluded from your loads sold/transferred for to the processor or end user for any resin type then they must also be excluded from the Survey for the same resin type.

CRV-Type containers, which are not labeled CRV:

These are containers with their product label physically intact that should, but do not, bear the "California Redemption Value", "CA Redemption Value", "CA Cash Refund" or "California Cash

Refund" inscription. Remove and replace any such containers prior to beginning the analysis of survey materials.

Containers with Label Removed:

These are containers that have only a partial label identifying the product or the label has physically been removed.

- If a label is removed or partially-labeled container is clearly non-CRV (food, wine, etc.), it shall be recorded as non-CRV.
- If a container's shape, color or other physical attributes are such that it **cannot** be clearly identified as a CRV-type container, it shall be recorded as non-CRV.
- However, if the container **can** be recognized as a CRV-type container, but the label is partially or totally removed, the container shall be recorded as CRV.

Sampling Procedures

Containers surveyed shall be randomly sampled regardless of appearance, size, CRV or non-CRV. Whether materials are in one large pile or several bins, the materials shall be selected at random from the pile/bin(s). Each sample of material being analyzed must be a good representation of material normally collected and processed for that program.

Curbside Program Sampling

Samples shall be collected from trucks, bunkers or bins that contain materials **exclusively from programs approved for the Survey**. Samples may be taken directly from the holding bins after the sorting/handling process if the bins contain material exclusively from programs identified on your Application Page and approved for the Survey. Samples are to be collected at the pre-established times.

If the collecting bins hold materials from other programs then samples must be collected before the sorting/handling process. These samples must be collected from the **first** appropriate trucks that arrive after the pre-established times. In almost all cases, glass should be collected prior to sorting/handling due to its tendency towards breaking during that process.

After the curbside collection truck delivers and dumps the pile of materials, the survey team will randomly pull out whole containers (of the material types being surveyed) and deposit the containers in holding bin such as thirty-gallon garbage cans. Once the required number of containers has been selected, the survey team performs the necessary analysis and completes data collection sheets.

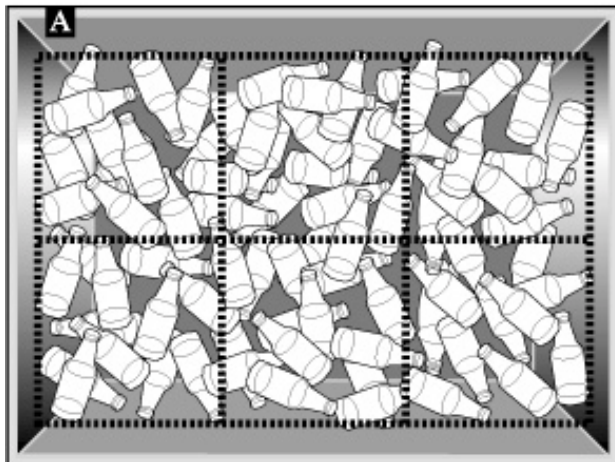
Dropoff or Collection and Community Service Programs Sampling

The survey team will randomly pull out whole containers (of the material types being surveyed) and deposit the containers in holding containers. Once the required number of containers is selected, the team performs the survey analysis and completes the Survey data collection sheets.

An Example Random Sampling Procedure

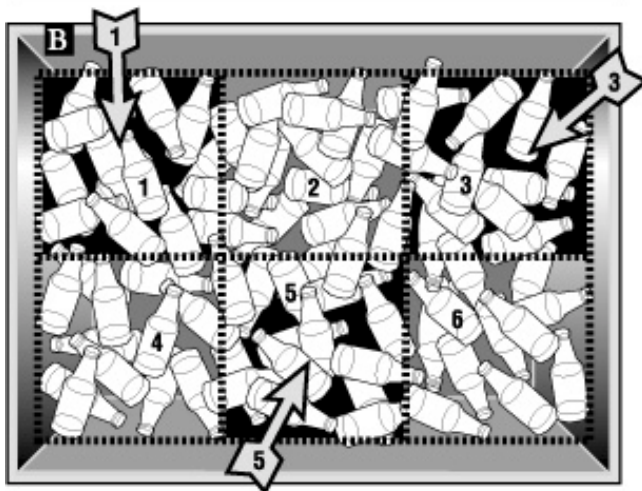
The following diagrams illustrate one method of random sampling from bunkers and bins.

IX. Sampling Procedures



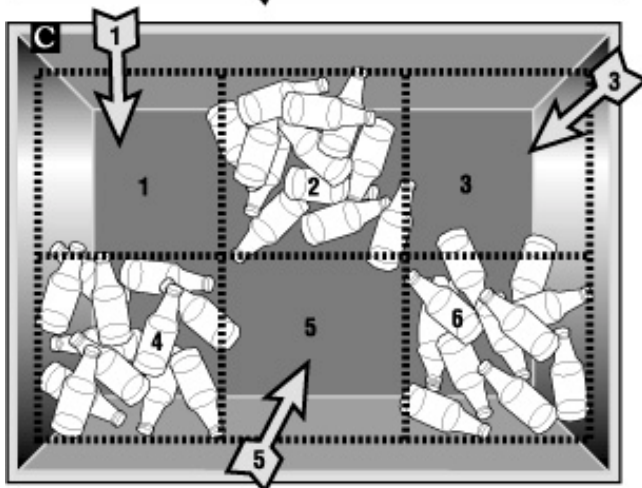
A

The first step is to *imagine a large grid* covering the bin or pile of materials from which you will be collecting your survey sample. The number of squares in the grid usually varies between six and twelve, depending on the size of the load.



B

The next step is to *randomly select sections of the grid* from which the samples will be collected. Assign sequential numbers to each square of the grid. Then randomly choose the squares to sample by a method such as rolling a dice.



C

Once the areas to be sampled are identified, the next step is to *randomly collect containers* for the survey. Collect every whole container that is within the gridded area. The idea is to "look" less with one's eyes, reserving visual perception primarily for safety and the weeding out of partial and broken containers.

DOR 8/00

Data Collection Sheets

Survey data are collected and recorded by the program's survey team members, using data collection sheets provided by the Division including a *Daily Data Collection Sheet (DDCS- (07/00))* and a *Weekly Summary Sheet (WSS- (07/00))*. Data collection sheets are provided in the Appendices.

Completed original DDCS's and a WSS are submitted to the Department for review, verification, and approval at the end of each two-month survey period and prior to the 15th of the following month.

An affidavit (AFD- (07/00)) is submitted at the conclusion of the annual Survey Period to confirm that all information and data is complete, accurate, and consistent with the approved survey methodology.

Quality Control

To approve an individual commingled rate for a participant, the Division must have confidence the rate determined through the Survey is a good estimation of the actual commingled rate for the program. To be confident the Division requires assurance of quality data. Poor data quality control can result in the termination of a Survey or disapproval of an individual commingled rate.

For each sample, confirm the following criteria are met:

- The cumulative weight of all components of a sample equals the weight of the total sample, within an acceptable range of discrepancy due to scale precision
- The cumulative count of all components of a sample equals the total sample count.

Scale precision can negatively impact quality control. The Division recommends a scale accurate to the nearest 0.02 pounds. Any lesser scale accuracy may result in incorrect data, as weight discrepancies will be outside acceptable limits.

If either of the above criteria is not met, the data is considered incorrect. The Division may, upon its sole discretion, delete incorrect data samples from use in calculating an individual commingled rate. A significant lack of quality control is demonstrated when 5% or more of a participant's total Survey Period sample data is found to be incorrect. A significant lack of quality control shall result in the termination of a Survey.

INDIVIDUAL COMMINGLED RATE APPLICATION

(ICRS-APP (07/00))

(Survey period is October through September)

(Rates effective January 1st the year after rates are approved)

Submit the Application Sheet by September 1st.

OPERATOR INFORMATION

Organization Name	DBA
Contact Person	Title
Phone Number	Fax Number
Mailing Address	City/State/Zip
Business Address	City/State/Zip

SURVEY INFORMATION

Survey location address	City
Survey technician's name	Phone number ()
Brief survey location description	

Will you conduct the Survey using the Division's survey methodology, ☐ , or submit an alternate methodology, ☐.

MATERIALS & SAMPLE SIZE

Select materials that will be surveyed? <input checked="" type="checkbox"/>	Aluminum <input type="checkbox"/>	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/> (Circle one or more) #1, #2, #3, #4, #5, #6, #7
What is your Sample size for that material? (pg. 3)			
What is your daily sample size for that material?			

DATES & TIMES

Sample Periods	Dates of Survey Week	Number of Days
October / November		
December / January		
February / March		
April / May		
June / July		
August / September		

What time of day will you conduct the survey?

PROGRAM INFORMATION

Which program category is this application for? ☒

☐ Curbside ☐ Dropoff or Collection ☐ Community Service

CURBSIDE PROGRAMS

List the curbside numbers you will survey with their associated public agency (municipality) and hauling and/or sorting operator. Use additional sheets if necessary.

Curbside #	Municipality	Operator
1.		
2.		

INDIVIDUAL COMMINGLED RATE APPLICATION

DROPOFF OR COLLECTION & COMMUNITY SERVICE PROGRAMS

Certification Number _____

Source of the material? ☒

☐ mixed solid waste ☐ bar & restaurant ☐ business's ☐ school ☐ club ☐ other

How many municipalities does the program serve? _____

How many customer sites are materials collected from? _____

How often are collected materials sold? _____

Give a brief description of your program _____

DECLARATIONS AND SIGNATURES

By signing and submitting this form, I certify that:

I will perform this Survey in accordance with the approved survey methodology.

I understand it is my responsibility to **notify** the Division, in advance, of any deviation from the timeline or survey location indicated in the approved Application Package.

I understand it is my responsibility to **notify** the Division regarding changes of volume or customers sites pursuant to California Code of Regulations Sections 2640, 2680 and 2740.

Upon completion of each two-month sample period and no later than the 15th of the following month, I will forward **original** Data Collection and Data Collection Summary Sheets to the Department and retain a copy for my records.

Upon completion of the annual survey, I will forward original documentation, calculations and the signed affidavit to the Department, by October 15th.

I agree to perform the Individual Commingled Rate Survey in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of the California Code of Regulations.

To the best of my knowledge, the information provided on this application is current and accurate.

Print Name

Signature

Title

Date

Send Application Page to:

Department of Conservation
Division of Recycling
c/o ICRS Coordinator
Market Research Branch
801 "K" Street, MS 17-24
Sacramento, CA 95814

Phone Inquiries:

Individual Commingled Rate Survey Coordinator
or
Market Statistics Supervisor at (916) 323-5778

Program operators whose Application for Individual Commingled Rate Surveys have been disapproved may appeal pursuant to California Code of Regulations, Sections 2645 for dropoff or collection, 2685 for curbside and 2745 for community service programs.

Application Page Instructions

Organization Name	The legal name of the organization applying for an individual commingled rate.
DBA	The name the organization is doing business as for the recycling activity for which a Survey is being requested.
Contact Person	The person at your location who has authority to sign the Application Page.
Title	The Title used in your organization for the contact person.
Phone Number	The contact person's phone number.
Fax Number	The contact person's fax number.
Mailing Address City/State/Zip	The address of the applying organization where the contact person receives mail.
Business Address City/State/Zip	The address of the applying organization where the contact person works.
Survey Location Address/City	The location where the Survey Technician will perform the sampling and analysis for the Survey.
Survey Technician's Name	The person who will lead the survey team to conduct the Survey.
Phone Number	The Survey Technician's phone number.
Brief Survey Location Description	Indicate whether the Survey location is a transfer station, certified processor or a holding yard.
Survey Methodology	Place a checkmark "✓" in the appropriate box.
Materials To Be Surveyed	Place a checkmark "✓" in the appropriate box. Indicate resin types to be surveyed by circling appropriate resin number.
What Is Your Survey Sample Size	Enter the survey sample size for your program. Refer to the "Survey and Daily Sample Size Determination" section (page 3) to determine sample sizes.
What Is Your Daily Sample Size	Enter the daily sample size for your program. Refer to the "Survey and Daily Sample Size Determination" section to determine sample sizes.
Dates and Times	Enter the dates of the weeks and the number of days per week you will conduct the survey. Refer to the Section of these instructions titled "Selecting Sample Weeks."

What Time Will You Conduct Survey Enter the time of day that sampling will begin on during sampling weeks.

Program Category Indicate with a checkmark “✓”.

Curbside Programs

Curbside Number Indicate the curbside identification number issued by the Division of Recycling for each curbside program that a Survey is requested.

Municipality Indicate the name of the public agency for each separate curbside identification number, as listed on the Division’s Application for Curbside Identification Number.

Operator Indicate the name of the organization that collects and/or sorts material.

Dropoff Or Collection & Community Service Programs

Certification Number Indicate the Dropoff or Collection or Community Service Program certification number you were issued by the Division.

Source of Material Check “✓” all blocks that apply.

Municipalities Served Indicate the number of Cities, Counties and/or Districts served by this program.

Number of Customer Sites Served Indicate the number of customer sites (bars, restaurants, hotels, etc) you collect from.

Sale of collected Materials Indicate how frequently you sell your collected material.

Declaration and Signatures Print name and title of authorized signatory, sign and date.

DAILY DATA COLLECTION SHEET
For the 20__ Individual Commingled Rate
(DDCS (07/00))

Two-Month Sample Period: Circle One Oct/Nov Dec/Jan Feb/Mar Apr/May Jun/Jul Aug/Sep

Program Name: _____ Survey Date: _____
Circle One **M T U W T H F S A S U**

Certification/Identification Number(s) _____

MATERIAL		Circle One	Aluminum	Glass	Plastic () Resin #		
SAMPLE TOTALS		CRV				TOTAL	
Quantity of Containers	Weight	< 24 oz.		≥ 24 oz.		NON-CRV	
		Quantity	Weight	Quantity	Weight	Quantity	Weight
1							
2							
3							
4							
5							
6							
7							
8							
TOTALS							

Comments: _____

Daily Data Collection and Weekly Summary Sheet Instructions

All sections of the DDCS must be complete. Program operators may enter the Survey Period, Program Name and Certification Number(s) sections and make copies for convenience.

Title: Place the last two digits of the year for which an individual commingled rate is being applied.

Sample Period: the two-month sample period in which the samples are to be taken, *example:* Oct./Nov

Program Name: the name of your program, *example:* **ABC Collection Program.**

Survey Date: the date the survey sample is obtained and the data recorded on that DDCS. There must be at least one DDCS to represent each day of the sample week; larger programs may need multiple DDCS s. The appropriate day must be circled.

Certification/Identification Number(s): List all the certification/identification numbers included in the Survey, as indicated on your Application Page approved by the Division.

The remaining sections of the DDCS are to be completed while performing the Survey and analyzing the data. Each line represents a sample of materials (bucket) that has been fully analyzed. For example, if three buckets of mixed glass containers were sampled each day to fulfill the required daily sample, then the results of the analysis of the first bucket should be recorded on the first line and so forth.

Sample Totals

Quantity of Containers: the total number of containers in a sample bucket. The original number of containers in the sample bucket should be recorded in this field.

Weight: the total weight of all containers in the sample bucket. The original weight of containers in the sample bucket should be recorded in this field.

Record sample bucket's total quantity and weight then separate the sample into the categories below:

- 1) **< 24 oz. CRV;** *all whole California Refund Value containers less than 24 ounces*
- 2) **≥24 oz. CRV;** *all whole California Refund Value containers equal to or greater than 24 ounces*
- 3) **Total Non-CRV;** *all whole containers of the same material type without refund value*

Quantity: Count the number of containers in each of the separate categories above and record the count in the appropriate box.

Weight: Obtain the weight of the containers in each of the separate categories above and record the weight in the appropriate box.

Note: Before analyzing the next bucket, review all data entries for quality control.

INSTRUCTIONS: Complete this Weekly Summary Sheet (WSS) using data from the "TOTALS" line of each Daily Data Collection Sheet (DDCS). The survey date in the first column should be taken from the top portion of each DDCS. Complete a separate WSS for each material type. Each DDSS form must be submitted to the Division of Recycling with all original supporting DDCS's attached.

Weekly Summary Sheet (WSS) Instructions

The WSS is completed using data from the "TOTALS" line of each DDCS. The survey date in the first column should be taken from the top portion of the first DDCS for the Sample Period. Complete a separate WSS for each material type. Each WSS form must be submitted to the Division of Recycling with all original supporting DDCS 's attached.

AFFIDAVIT
for the Individual Commingled Rate Survey
(AFD (07/00))

Survey Period: _____

Program

Name: _____

Certification/Identification

Number(s): _____

To the best of my knowledge, this Individual Commingled Rate Survey data and information is complete, accurate, and consistent with the Application Package and Application Page approved by the Department of Conservation's Division of Recycling (Division). I also verify that all information provided on the Data Collection Sheets and Data Collection Summary Sheets were obtained through the survey methodology approved by the Division.

Name: _____

Signature: _____

Title: _____

City, County: _____

Date: _____